

# BROOKLAND UTILITIES APPLICATION FOR WATER SERVICE

(Please Print)

Acct No. \_\_\_\_\_

Applicant: \_\_\_\_\_ Co-Applicant's Name: \_\_\_\_\_

Applicant SS# \_\_\_\_\_ Co-Applicant's SS# \_\_\_\_\_

Applicant DL# \_\_\_\_\_ Co-Applicant's DL# \_\_\_\_\_

Applicant E-mail: \_\_\_\_\_ Co-Applicant's E-mail: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_ Co-Applicant Date of Birth: \_\_\_\_\_

Service Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_  
Brookland, AR 72417 \_\_\_\_\_

Phone# \_\_\_\_\_ Co-Applicant's Phone# \_\_\_\_\_

Employer \_\_\_\_\_ Co-Applicant's Employer \_\_\_\_\_

Employer Ph# \_\_\_\_\_ Co-Applicant's Employer Ph# \_\_\_\_\_

# of people living in home: \_\_\_\_\_ # of dependent children living in home: \_\_\_\_\_

Have you had water service with Brookland Utilities in the past? Yes or No

Previous Water Company you had service with \_\_\_\_\_

Rent \_\_\_\_\_ or Own \_\_\_\_\_ If renting, name of Landlord \_\_\_\_\_

**If renting, may we contact your Landlord to notify them of continual usage on your meter? Yes / No**

Name of nearest person/relative to contact **not living** with you: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of any other authorized contacts (people who we can discuss your account with) \_\_\_\_\_

In addition to paying the current meter deposit, I hereby acknowledge responsibility for payment of service billings. Bills are mailed by the 1st day of the month or before and are due by the upon receipt. After the 10th, a 10% penalty will be added to your bill. If your balance is not paid in full by the 3rd Monday of the month, you will be scheduled for shut-off that morning. If service is "turned off" due to non payment, a **forty dollar (\$40.00) "reconnect" fee** plus full payment of bill is due, before service will be restored. If the City goes to "turn off" the meter and payment is made in full at that time, an **additional twenty dollar (\$20.00) "field collection fee"** will be charged. \_\_\_\_\_(initials)

A thirty dollar (\$30.00) fee will be charged for each dishonored check. If two dishonored checks are received within a twelve month period, only cash, money order or certified check will be accepted for payment of services for the following twelve months. \_\_\_\_\_(initials)

In consideration for having water service initiated/restored at the above service address, I agree to ensure that all water service facilities (sinks, tubs, faucets/inside and outside, etc.) are turned off, or that someone will be on the property to check for possible leakage at the time the water is turned on. **I understand that the City of Brookland, Arkansas is not responsible for water damage to this property or its contents.** \_\_\_\_\_(initials)

In consideration for having water service initiated/restored at the above service address, I admit that I am the person residing at the above service address. **I understand and agree that service is subject to interruption without notice if it is determined that I am not residing at the above address.** \_\_\_\_\_(initials)

**Ordinance 2018-15 - property must be kept clear of debris, building materials, old appliances, inoperable vehicles, tires and tall grass or fines and penalties can occur** \_\_\_\_\_(initials)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_